



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB0589
RELATING TO STROKE CARE**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 18, 2015

Room Number: 329

1 **Fiscal Implications:** Significant cost implications would be incurred from the yet to be
2 quantified costs from establishing a stroke database and from costs to support a stroke coalition.
3 **Department Testimony:** The Department of Health (DOH) supports the intent of the measure
4 to improve stroke care in the state and to continue the collaborative process of the previous
5 Stroke Task Force created by S.C.R. No. 155 S.D.1 (2013) and offers comments.

6 The Department commends the work of the hospitals which participated in the Stroke
7 Task Force in developing a framework to improve stroke care in the state. The DOH continues
8 to support the plans outlined in the Stroke Task Force's Report to the 2015 Legislature in
9 partnership with the American Heart Association.

10 **Offered Amendments:** In order to be able to maintain the collaborative process among all
11 participating hospitals in the state begun under S.C.R. No. 155, to prevent barriers for progress,
12 and to provide ongoing support to the hospitals delivering stroke care, the DOH offers the
13 following recommendations and comments to HB0589:

14 Delete section 2, Stroke system of care; department duties, Page 2, lines 17-21 through
15 Page 3, lines 1-12. Comment: The Department is not qualified to require and enforce stroke
16 care standards.

17 Delete section 3, Stroke coalition, Page 3, lines 13-21 and Page 4, lines 1-19. Comment:
18 Providing reports to and supporting coordination discussions between participating hospitals can
19 be done without a statutorily created coalition. In fact, the requirements and restrictions of
20 Chapter 92, HRS, would apply to the proposed coalition and may have a dampening effect on
21 creating a learning community with participating hospitals to improve stroke care.

1 Section 4 would now become Section 1, Stroke database. Beginning with the amended
2 language stating that, “The department shall participate in a stroke database to support evaluation
3 of stroke care in the State for performance improvement.” Comment: The amendment is
4 requested is because a national database already exists and does not need to be established by the
5 Department.

6 Subsection (2) on Page 5, line 12 would begin with the amended language, “Compile
7 information and statistics on stroke care that aligns with the consensus metrics developed and
8 approved by national subject-matter organizations such as the American Heart Association,
9 American Stroke Association, and the Brain Attack Coalition;” Comment: Since a national
10 database already exists, the Department does not need to maintain it, but agrees to participate in
11 being a super-user.

12 Delete subsection (3) Page 5, lines 18-20. Comment: The Department will participate in
13 an existing database and will not administer the national database.

14 Amend the language of subsection (5) to: Provide agreed upon state level reports of de-
15 identified and aggregated data to entities that have a data use agreement with the Department like
16 government agencies, or contractors of government agencies, hospitals, and researchers that have
17 a role in improving stroke care. Comment: The amendment is requested to allow the sharing of
18 reports with those organizations with a role in improving stroke care.

19 Thank you for the opportunity to testify.



American Heart Association/American Stroke Association Testimony
in SUPPORT of HB 589, "Relating to Stroke"

The American Heart Association/American Stroke Association SUPPORTS HB 589, but recommends amendments.

During the bill drafting process, a section was added to the proposed bill naming the director of the State Department of Health as the chair of the State Stroke Task Force, and requesting funds for travel costs. The director of health would not need to serve as chair of the Task Force, nor would travel funds be necessary as the AHA has agreed to continue the Task Force to use its conference line service for neighbor island task force members to participate in the meetings. Both Healthcare Association of Hawaii, and the AHA have committed the use of their conference room facilities for the meetings as well. And the AHA has committed staff to serve as administrative support for the Task Force, so no funding commitment by the State Legislature is required. The AHA recommends deletion of that section of the bill (page 4, lines 15-19).

The American Heart Association/American Stroke Association (AHA/ASA) worked with the state's major hospitals and its Department of Health to pass a resolution during the 2013 State Legislative Session that established a state stroke task force and that requested that task force to propose legislation necessary to support Hawaii's stroke care continuum. That request included requirements for the measuring, reporting, and monitoring of stroke care performance through data collection, and that a statewide stroke database and registry be established in which all hospitals and healthcare facilities can participate. The resolution asked that the feasibility be considered of integrating the data registry component through an AHA/ASA Get With The Guidelines super-user account, and that the database and registry include performance measurements obtained using a standardized stroke measure set containing data that is consistent with nationally-recognized guidelines on the treatment of individuals with confirmed stroke within the State, such as the AHA's Get With The Guidelines-Stroke or the Joint Commission's Stroke Performance Measurement Implementation Guide. The legislature requested that an initial report to the legislature be made by Dec. 31, 2013, and that a final report be made prior to the legislature's 2015 session. HB 589 is the culmination of the State Stroke Task Force's work to meet the State Legislature's request.

Stroke is Hawaii's third leading cause of death and a leading cause of disability. In an effort to reduce the burden of stroke by improving the quality of care delivered to stroke patients, stroke registries have been developed in other states to measure and track acute stroke care.

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The registries collect patient level data on characteristics, diagnostic testing, treatments, adherence to quality measures, and in-hospital outcomes in patients hospitalized with stroke and transient ischemic attack (TIA). By providing timely feedback on hospitals' and EMS agencies' stroke care performance, a stroke registry supports stroke care quality improvement efforts.

Establishment of a State Stroke Registry in Hawaii could help illuminate problems that exist in the state's stroke system of care. For instance, data may show poor patient education about stroke symptoms, geographical differences in the quality of stroke care received, problems with adherence to stroke treatment guidelines, or the need to improve pre-hospital stroke response or treatment by our county EMS agencies. The data could then catalyze our state's stroke stakeholders to find solutions to the challenges encountered.

Through this legislative proposal to establish a State Stroke Data Registry. The DOH would provide its own funding, using State Neurotrauma Special Fund dollars, to purchase a Get With The Guidelines-Stroke super-user account. Neurotrauma Fund dollars would also be used to cover the costs of state hospitals to purchase Get With The Guidelines-Stroke accounts. Most of the state's private acute stroke care hospitals already use Get With The Guidelines-Stroke to collect data. Under the proposal, all acute stroke care hospitals would be required to collect mutually-agreed upon data sets, based on nationally-recognized medical guidelines, and share that data with the DOH, which would then share the de-identified data with the State Stroke Task Force. The Task Force members would then use the data to identify areas for improvement within the state's stroke system of care and develop additional proposals to work together toward improving stroke patient care in Hawaii.

The AHA/ASA believes that all policy should be based on sound science. The data provided by hospitals through their treatment of stroke patients will provide a science-based foundation on which future stroke care improvements can be made, and their effectiveness measured. The AHA/ASA strongly encourages legislators' SUPPORT of HB 589 with the recommended amendments.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "K Nakagawa".

Kazuma Nakagawa, M.D.

Neurointensivist and Vascular Neurologist

American Heart Association/American Stroke Association Hawaii Division Board Member

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LATE TESTIMONY

HOUSE OF REPRESENTATIVES
TWENTY-EIGHTH LEGISLATURE, 2015
STATE OF HAWAII

H.B. NO. 589

A BILL FOR AN ACT

RELATING TO STROKE CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the rapid
2 identification, diagnosis, and treatment of strokes can save the
3 lives of stroke patients and, in some cases, can reverse
4 neurological damage such as speech and language impairments or
5 paralysis, leaving stroke patients with few or no neurological
6 deficits. Despite significant advances in diagnosis, treatment,
7 and prevention, stroke is a leading cause of death nationally
8 and in Hawaii. An estimated 795,000 new and recurrent strokes
9 occur each year in this country. With the aging of the
10 population, the number of persons who have strokes is projected
11 to increase. Although treatments are available to improve the
12 clinical outcomes of stroke, acute care hospitals need
13 sufficient trained staff and equipment to optimally triage and
14 treat stroke patients. A system is needed in our communities to
15 ensure the provision of optimal, safe, and effective emergency
16 care in a timely manner to improve the overall treatment of
17 stroke patients in order to increase survival and decrease



1 incidents of disabilities associated with stroke. The
2 legislature further finds that the establishment of a stroke
3 coalition and a stroke database will build on the work and
4 infrastructure developed through S.C.R. No. 155 S.D. 1 (2013).

5 SECTION 1. Chapter 321, Hawaii Revised Statutes, is
6 amended by adding a new part to be appropriately designated and
7 to read as follows:

8 "PART

9 STROKE CARE

10 § -1 Definitions. The following terms shall have the
11 meanings:

12 "Department" means the department of health.

13 "Stroke coalition" means a multi-organizational process of
14 public, private, and nonprofit organizations working together
15 for a common purpose to improve health outcomes throughout the
16 State.

17 § -2 Stroke system of care; department duties. The
18 department shall establish a systematic process to evaluate and
19 improve stroke care throughout the State to reduce death and
20 disability from stroke. The stroke system of care shall
21 include:

Don Weisman
Sticky Note

participate in



(1) The requirement that hospitals meet specific stroke patient treatment capabilities that will ensure that stroke patients receive safe and effective care;

(2) The development of the State's emergency medical services system to ensure that stroke patients are quickly identified, transported to, and treated in facilities that have specialized programs for providing timely and effective treatment for stroke patients to improve outcomes; and

(3) The establishment of a statewide stroke coalition to provide a mechanism to evaluate and improve stroke care in the State.

§ -3 Stroke coalition. (a) The department shall convene a stroke coalition to ensure sustainability of a process and system to evaluate and develop effective statewide stroke patient care. The stroke coalition shall

- (1) Identify issues related to early identification, triage, treatment, and transport of possible acute stroke patients;
- (2) Facilitate the collection, analysis, and communication of health information and data among the health care



Don Weisman
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Delete



1 professionals providing care for individuals with
2 stroke;

3 (3) Encourage sharing of information and data among health
4 care providers on ways to improve the quality of care
5 of stroke patients in this State;

6 (4) Develop and implement strategies to improve stroke
7 early identification and treatment, including
8 identifying specific hospital capabilities to receive, **Doc. Weisman**
9 treat, and transfer stroke patients; **Sticky Note**

10 (5) Establish an oversight process to assess and validate
11 hospital capabilities; **Delete**

12 (6) Include statewide representation from government and
13 nonprofit and private healthcare entities that have a
14 role in reducing death and morbidities from stroke.

15 (b) The director of health shall be the chairperson of the
16 stroke coalition and shall select its other members, who shall
17 serve without compensation but be reimbursed for necessary
18 expenses, including travel expenses, incurred in the performance
19 of their official duties.



1 S -4 Stroke database. The department shall establish
2 Don Weissman Don Weissman Don Weissman
3 Sissy Noe Sissy Noe Sissy Noe
4 data registry data registry maintain
5 State for performance improvement. The department shall:
6 (1) Utilize an existing nationally recognized and
7 validated data platform available to all participating
8 hospitals and that has features to maintain
9 confidentiality standards and data security.
10 Hospitals and emergency medical services agencies
11 shall report data consistent with nationally
12 recognized guidelines on the treatment Don Weissman Sissy Noe
13 within the State with a suspected or confirmed stroke;
14 (2) Maintain a statewide stroke database that compiles data registry
15 information and statistics on stroke care that aligns
16 with the consensus stroke metrics developed and
17 approved by national subject-matter organizations such
18 as the American Heart Association, American Stroke
19 Association, and the Brain Attack Coalition;
20 (3) Establish an oversight process to ensure data
 integrity, quality, and security, timely collection,
 and the generation of reports;



- (4) Analyze data generated by the stroke database to identify potential interventions to improve stroke response and treatment; and
- (5) Provide agreed upon state level reports of de-identified and aggregated data to the stroke coalition, government agencies, or contractors of government agencies, hospitals, researchers, and other interested parties that have a role in improving stroke care.

Don Weisman
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Delete

§ -5 Confidential information. This part shall not be construed to require disclosure of any confidential information or other data in violation of the federal and state privacy regulations."

SECTION 3. This Act shall take effect upon its approval.

INTRODUCED BY:

Allen A. Kuchta

Brian Kolinski

Tom Brown

[Signature]
[Signature]



H.B. NO. 589

Report Title:

Strokes; Coalition; Database

Description:

Establishes a stroke coalition and a stroke database in the DOH.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.





Wednesday, February 18, 2015 – 8:30 a.m.
Conference Room #329

House Committee on Health

To: Rep. Della Au Belatti, Chair
Rep. Richard Creagan, MD, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: Testimony in Support
HB589 — Relating to Stroke Care

The Healthcare Association of Hawaii's 160 member organizations include all of the acute care hospitals in Hawaii, all public and private skilled nursing facilities, all the Medicare-certified home health agencies, all hospices, all assisted living facilities, durable medical equipment suppliers and home infusion/pharmacies. Members also represent other healthcare providers from throughout the continuum including case management, air and ground ambulance, blood bank, dialysis, and more. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in support of HB589, which establishes a stroke coalition and a stroke database in the Department of Health (DOH).

In many ways, this bill would formalize the task force that the DOH convened over a year ago to fulfill Senate Concurrent Resolution No. 155 SD1 (2013), which urged the DOH to develop a stroke system of care and, among other things, update the Department's *Hawaii Plan for the Prevention of Heart Disease and Stroke* (November 2011). The Healthcare Association of Hawaii and many of its members' clinical staff have been, and continue to be, very active participants in the task force. The passage of this bill would allow this coalition to build upon its progress to improve the overall treatment and outcomes of stroke patients throughout our state.

Thank you for the opportunity to testify in support of HB589.



THE QUEEN'S HEALTH SYSTEMS

HB 589, Relating to Stroke Care
House Committee on Health
Hearing—February 18, 2015 at 8:30 AM

Dear Chairwoman Belatti and Members of the House Committee on Health:

My name is Matthew Koenig, MD and I am a stroke neurologist and Associate Medical Director of Neurocritical Care at The Queen's Medical Center (QMC). First, we would like to thank Chairwoman Belatti for her interest and work in getting this legislation to be heard. We greatly appreciate your commitment to establishing our state's stroke systems of care. We would also like to provide our strong support for HB 589.

For more than a decade, QMC has maintained certification by The Joint Commission as the only Primary Stroke Center in Hawaii. This certification recognizes the "exceptional efforts" made at QMC to "foster better outcomes for stroke care."ⁱ QMC has also worked closely with our partners at the American Heart Association, Hawaii Neurological Society, and Department of Health to strengthen stroke care in our state. Over the last two years, QMC has participated in the Hawaii Stroke Task Force—convened by the Department of Health and including stakeholders from Hawaii hospitals, Emergency Medical Services (EMS), and other professional organizations—in order to propose legislation necessary to support Hawaii's stroke care continuum.

Stroke is a major public health problem in Hawaii—it is the leading cause of chronic adult disability and the third leading cause of death. Access to appropriate stroke treatment requires a collaborative and organized system of care, particularly for patients on the neighbor islands and rural areas of the state. This legislation will help to address disparities in stroke care by establishing a stroke system of care in Hawaii. The formation of a stroke system of care will help to better identify and coordinate appropriate services; improve access to treatment for patients; support providers on the front lines of stroke care; and ultimately improve outcomes. Establishing a strong stroke system of care will also help to bring Hawaii in line with the majority of states that have passed similar legislation and current guidelines from the American Heart Association, American Academy of Neurology, and other professional societies.

The current bill has several merits that will directly improve stroke care in the state. First, the bill convenes an ongoing stakeholder coalition to improve stroke care by sharing best practices among hospitals and EMS. Second, the bill creates a statewide registry of stroke data that will provide much needed data about the incidence of acute stroke, treatment rates, and quality-of-care indicators. Importantly, these data will be collected and analyzed using an established national quality improvement database that is already in use by the majority of Hawaii hospitals.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

While maintaining our support for this bill, we would respectfully suggest that your committee remove section 3(b) (page 4, lines 15 through 19) from the current iteration of HB 589. This section provides unnecessary constraints by naming a permanent chair of the Stroke Coalition which could hinder inclusiveness. In addition, none of the provisions of the bill would require a new appropriation. This effort would be supported with the continued commitment of volunteers and donated support from the Healthcare Association of Hawaii and American Heart Association.

This legislation will provide a tremendous benefit to our families in Hawaii. We ask for your strong support in strengthening stroke care in Hawaii by voting favorably on this measure.

Thank you for your time and consideration of this important matter.

http://www.jointcommission.org/certification/primary_stroke_centers.aspx

Peter Rossi, MD, FAAN
President

Linda Chang, MD, FAAN, FANA
Past President

Monique Canonico, DO
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Conference Director

Doug Valenta, MD
Member at Large

Doug Miles, MD
Member at Large

Michael Russo, MD
Member at Large

February 13, 2015

**HB 589, Relating to Stroke Care
House Committee on Health**

Chairwoman Belatti and Members of the House Committee on Health:

On behalf of the Hawaii Neurological Society (HNS) Board of Directors, we would like to thank Chairwoman Belatti for her work on this important legislation. We greatly appreciate your commitment to establishing our state's stroke systems of care. We would like to provide our strong support for HB 589.

The HNS is a professional organization for neurologists in the state of Hawaii. The purpose of the organization is to provide a venue to foster continued growth of neurology, increase clinical research, facilitate health literacy, improve patient outcomes, assure patient safety, and assist advocacy. We are an independent organization but are affiliated with the American Academy of Neurology. We endorse the American Academy of Neurology mission statement to promote the highest quality of patient-centered neurological care. The HNS was founded in 2006 and currently represents 40 neurologist members.

Stroke is the leading cause of chronic adult disability and it remains the third leading cause of death in Hawaii. As neurologists, we are on the front lines of stroke care in the state and we see the devastating disability that can result after stroke. Although effective medical and procedural treatment for stroke is available, only the minority (~6%) of stroke patients in Hawaii currently receive emergency treatments. Furthermore, geographic disparities in stroke treatment exist across the state with treatment rates ranging from 1% to 12% of stroke patients. Access to appropriate stroke treatment requires a collaborative system of care, particularly for patients on the neighbor islands and rural areas of the state.

This legislation will help to address disparities in stroke care by establishing an organized stroke system of care in Hawaii that includes the public, paramedics, emergency physicians, neurologists, hospitals, and government agencies. The formation of a stroke system of care will improve public knowledge of stroke, access to rapid evaluation and treatment by stroke experts, and patient outcomes. Thirty-one states have already enacted legislation to establish a statewide stroke system of care, following guidelines from the American Heart Association, American Academy of Neurology, and other professional societies. Stroke systems of care have been demonstrated to improve stroke treatment rates and outcomes in the medical literature.

The current legislation will convene an ongoing Stroke Coalition featuring representatives from the HNS, Department of Health, American Heart Association, hospitals, Emergency Medical Services, and other stakeholders

to share best practices in stroke care. This coalition will act as a forum to identify current gaps in stroke care and worked together to address these deficiencies. The Stroke Coalition will also include important roles for the Department of Health and Emergency Medical Services division in convening the coalition, reviewing aggregate stroke data, and establishing rules for patient triage to local hospitals. In addition, the legislation supports the creation of a statewide data registry to collect and analyze quality improvement data using the Get with the Guidelines – Stroke database, a national database for benchmarking stroke care.

This legislation will support the collaborative efforts of HNS members to improve stroke care in Hawaii and benefit our patients. We ask for your strong support by voting favorably on this measure.

Thank you for your time and consideration of this important legislation.

Respectfully,



Eugin Olum

On behalf of HNS



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Hawaii House of Representatives
Committee on Health
Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Committee on Health Members:

I am writing to express Medtronic's strong support for **House Bill 589** – legislation that will address one of the leading causes of death and disability in Hawaii, and in people worldwide.

Strokes are the 4th leading cause of death and the leading cause of disability among adults in the United State. Every 40 seconds someone has a stroke and every 4 minutes someone dies of a stroke. Strokes cost the United States an estimated \$74 billion each year in medical costs and disability.

The timeliness and effectiveness of emergency treatment of a stroke patient is directly associated with their likelihood of survival, or, severity of disability. As such, a focus on the advanced training and coordination of emergency medical providers treating stroke patients is an impactful step towards improving the survivability of a stroke, improving their quality of life following a stroke, and reducing health care costs to the system.

For these reasons, Medtronic asks for your support of **House Bill 589**, for a great step towards the unmet need of improving stroke patient care.

Sincerely,

Michael Hagenson
Senior Manager, Global Government Affairs
mike.a.hagenson@medtronic.com
763-505-2597

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 10:14 PM
To: HLTtestimony
Cc: meg.mcgowan@gmail.com
Subject: Submitted testimony for HB589 on Feb 18, 2015 08:30AM

HB589

Submitted on: 2/16/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah White	Individual	Support	No

Comments: I would like to offer written testimony in support of HB 589, which would establish a State Stroke Registry within the Department of Health. As a stroke survivor, I know how important it is to have a strong stroke care system in Hawaii, so that anyone who suffers a stroke here in the future will benefit from the improvements that this bill would support. I had a hemorrhagic stroke twelve years ago when I was 25, due to an arteriovenous malformation (AVM). I was lucky that I got prompt, efficient treatment at a major hospital with highly trained staff and up to date equipment. The stroke disrupted my plans to go to graduate school. Instead, I had hours of physical, occupation, and speech therapy to help me recover as much as possible. I now have a pretty active life despite some new disabilities. I can walk with the aid of a wearable muscle stimulation device, and a cane, and I have gained back some speech, though I still struggle with it. I have learned to use my left hand instead of my paralyzed right hand, and I am enjoying one handed painting at the Art Program at the Rehabilitation Hospital of the Pacific. There have been continuing improvements in stroke care and rehabilitation therapy in the 12 years since my stroke. It is critically important that health care providers know about new research and techniques, and that all stroke victims benefit from this shared information. The State Stroke Task Force, a coalition of Hawaii acute stroke hospitals, EMS agencies, the Department of Health and the American Heart Association, has been working for several months to identify the data needed to fix weaknesses in the State's Stroke System of Care. I strongly support the work of the task force, so that others who suffer strokes will receive the best care possible, and even more stroke sufferers survive and fewer survivors suffer major disabilities. Thank you for your consideration. Sarah White Honolulu

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 17, 2015 1:33 PM
To: HLTtestimony
Cc: lindaemsipsb@yahoo.com
Subject: *Submitted testimony for HB589 on Feb 18, 2015 08:30AM*

HB589

Submitted on: 2/17/2015

Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Rosen	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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